ments) and University of Arizona (UA) patients who were treated in the hospital (n = 27, 72 treatments). All healthcare resources and treatment outcomes were obtained for each episode of FN. Uniform charge values were applied to each healthcare resource. Outcome data included positive blood cultures and days to resolution of FN, based upon fever and absolute neutrophil count. We applied Mann-Whitney U and chi square tests. Sensitivity analyses were performed using charges per episode.
RESULTS: Both groups were similar for gender, age, types of diseases, and FN-inducing chemotherapies. More of the home-treated patients were treated with granulocyte colony stimulating factor (58 versus 42, $p = 0.004$). The median total estimated charge per episode was $9166 for UA patients versus $5117 for UNM patients ($p < 0.001$). Lower charges for UNM patients, included hospital days, microbiology cultures, blood counts, serum chemistries, physician visits, radiologic studies, and serum antibiotic levels. Positive blood cultures occurred more frequently in UA patients (30.6% versus 11.1%, $p = 0.012$) and mean days to resolution of FN was 8.6 versus 7.6 for UNM patients (NS). Results were stable across all sensitivity analyses.
CONCLUSION: With careful supervision by a pediatric oncology center, uncomplicated FN can be treated by home care, with substantial savings.

PCD4

THE VALUE OF HOME CARE IN METASTATIC BREAST CANCER MANAGEMENT: MODELING ORAL VERSUS INTRAVENOUS CHEMOTHERAPY AT HOME AND AT AN OUTPATIENT CLINIC

Mathes A, Hay J
University of Southern California, Los Angeles, CA, USA

Few studies have investigated the cost-effectiveness of oral chemotherapeutic agents that are used to treat metastatic breast cancer (MBC) at home and in clinic settings.
OBJECTIVE: This study assessed the value of MBC management using intravenous (IV) and oral chemotherapeutic agents.
METHODS: A predictive data collection approach (modeling) was used to perform this cost-effectiveness analysis. Data were used from existing economic comparisons between home care and clinic care, from clinical trials, and using Medicare cost data in 1998 US dollars. A societal perspective was used to compare the cost-effectiveness of the following first-line chemotherapy regimens: C*MF (oral cyclophosphamide [C*], IV methotrexate [M], IV fluoruracil [F]), and AC (IV doxorubicin [A] and IV cyclophosphamide) at home and at an outpatient clinic; and the second-line regimens: IV paclitaxel (P), oral etoposide (E*), oral idarubicin (I*), and oral UFT (U*) at home and at an outpatient clinic.
RESULTS: C*MF, administered at home, was the most cost-effective first-line strategy (34,163 $/QALY). The home AC regimen was more costly, and more effective. It was not, however, cost-effective relative to the home C*MF strategy because the incremental cost-effectiveness (ICE) between the two strategies was 1,763,990 $/QALY. E*, administered at home, was found to be the most cost-effective second-line strategy (33,789 $/QALY). Other strategies (home P, clinic I*, and home I*) were more costly, but more effective. These strategies, however, were not cost-effective relative to home E* because the ICE between these strategies and E* were 945,101 $/QALY, 369,232 $/QALY, and 175,523 $/QALY, respectively.
CONCLUSIONS: These results suggest that oral chemotherapeutic agents, administered at home, provide a cost-effective means of treating MBC.

PCD5

RELIABILITY AND VALIDITY OF THE BREAST EVALUATION QUESTIONNAIRE (BEQ): AN OUTCOME MEASURE FOR BREAST IMPLANT STUDIES

Lenderking WR, Tafesse E
Abt Associates Clinical Trials, Cambridge, MA, USA

OBJECTIVE: This study was undertaken to determine the optimal scoring for the Breast Evaluation Questionnaire (BEQ), and to provide evidence for its validity as a measure of comfort and satisfaction for women undergoing breast augmentation for cosmetic reasons. The BEQ is a 55-item questionnaire. A 76-item version was previously validated in a sample of undergraduate women (non-clinical sample). The BEQ measures satisfaction with breast attributes, and comfort with general appearance and appearance of breasts while fully dressed, in a bathing suit, and while naked, across a variety of situations.
METHODS: We conducted exploratory factor analysis in 1244 women at baseline prior to the augmentation procedure. We conducted analysis of reliability of the factors, examined discriminant validity of the items of the BEQ, and examined associations between the BEQ factors and widely used measures of self-esteem and body-self relations.
RESULTS: The factor analysis indicated that the BEQ is optimally scored as three factors: Comfort Not Fully Dressed, Comfort Fully Dressed, and Satisfaction with Breast Attributes. These factors form internally consistent subscales, which remain reliable over time (Cronbach's α minimum value across four visits was .89 for all three factors). We demonstrated that the items have discriminant validity. The factors are moderately correlated with the Appearance Evaluation subscale of the Multi-Dimensional Body Self Relations Questionnaire (MBSRQ) and the Physical Self subscale of the Tennessee Self-Concept Scale (TSC).
CONCLUSIONS: The BEQ can now be scored with greater simplicity and greater ease of interpretation than was previously indicated.

PCD6

COMPARISON OF THE McMASTER'S HEALTH UTILITIES INDEX-MARK III AND THE EUROQOL-5D IN A SURGICAL BREAST CANCER POPULATION